

Chapter Fifteen

Audits and Management Evaluations

Overview

Policy

The State of Arizona Auditor General will conduct an annual, independent, agency-wide audit in compliance with OMB Circular A-133 annually for the Arizona Department of Health Services (ADHS), most County Health Departments, and with other non-profit agencies covered by certified public accounting firms. Non-federal entities (sub-recipients) that expend \$500,000.00 or more a year in federal awards must have a single audit conducted that year, and annually the subrecipients receiving federal funds through ADHS will provide the department with an independent, agency-wide audit in accordance with OMB Circular A-133. The Office of Audits and Special Investigations tracks single audits, incorporates findings into appropriate reports, determines ADHS overall compliance with A-133, and communicates with appropriate officials.

The ADHS – OCDPNS Audit Staff will perform contract compliance audits of expenditures and related activities pursuant to OMB Circular A-87 (Governmental Subdivisions), OMB Circular A 122 (Non-Profit Organizations), ADHS Accounting and Auditing Procedures Manual, and WIC Federal Regulations (Audit Program 15-11).

Bi-annually, the WIC Program shall monitor its Local Agencies. The monitoring and review of agencies is described in detail in this chapter and WIC federal regulations:

- WIC Financial Audits, 7 CFR § 246.20
- WIC Management Evaluations, ADHS-CDPNS staff reviewing management processes, client certification, food package determination, nutrition education, in coordination with the State Plan, 7 CFR § 246.19

In This Chapter

This chapter is divided into four (4) sections, which detail financial audit policies and procedures, including Management Evaluations, and two (2) appendices.

Continued on Next Page

Chapter Fifteen

Audits and Management Evaluations

Overview

Contents

Section	Title	Page Number
A	Procedures	15-3
B	Audit Records & Policies	15-7
C	Management Evaluations	15-9
D	Management Evaluation – Procedures	15-10
Appendix A	Forms: Financial Audit	15-12
Appendix B	Forms: Management Evaluation	15-16

Chapter Fifteen

Audits and Management Evaluations

Section A Procedures

Notification of Audit

Monitoring and review of Local Agencies is scheduled bi-annually according to an established rotation. Management evaluations for a Local Agency will be completed one year and the following year; they will receive a financial audit that includes evaluation of their corrective action plan. There are exceptions to the schedule, including Management requested reviews, previous audit follow-up, USDA special studies, or agency requested support.

The ADHS – ONCDPS auditor will notify the Local Agency of the audit date 4 to 6 weeks in advance of the audit. Copies of the notice with a detailed audit questionnaire will be sent to the Local Agency WIC Director and the Accounting Office. Telephone confirmation of the audit date, entrance conference time, audit requirements, necessary resources and the auditor's name will be made approximately one (1) week to two (2) weeks prior to the audit.

Alternating WIC years, the ONCDPS WIC Nutrition Services staff will notify the Local Agency of management evaluations using appropriate policies and procedures.

Pre-Audit Conference With State Personnel

The Local Agency WIC Director will be contacted prior to the audit to discuss problem areas that may be identified in the contract files, correspondence, WIC reports, information available from management, various WIC monitoring systems, and pertinent single audit results.

Copies of the Expenditure Reports covering the period of the audit will be summarized, purchase orders covering the audit period copied and reviewed, and WIC Payments summarized.

Continued on Next Page

Chapter Fifteen

Audits and Management Evaluations

Section A

Procedures (Continued)

Audit of Financial Records

The objective of an audit is to determine propriety and eligibility of expenditures pursuant to OMB Circular A-87 and 122, ADHS Accounting and Auditing Manual, and the WIC contract in effect. In the event the Local Agency has subcontracts, the subcontractors' records may, if circumstances dictate, also be examined.

Auditors may review the following:

- Approved cost allocation plan
- Adequacy of the accounting system
- WIC funds separately accounted for
- Reconciliation of Local Agency's expenditure report with the Local Agency's books
- Detailed testing of transactions including: Salaries and wages, fringe benefits, supplies, indirect cost pools and reasonability of expenditures for WIC. Statistical sampling will be used, with expanded sampling when problem areas are identified
- Results of the previous corrective action plan will be evaluated to determine the level of compliance and resolution achieved by the Local Agency

An audit of the Local Agency's performance records will be conducted to examine and verify the units of service provided and reported as specifically authorized in the contract. *The audit is not an evaluation of the quality of those services.*

Continued on Next Page

Chapter Fifteen

Audits and Management Evaluations

Section A

Procedures (Continued)

Audit of Financial Records (Continued)

Statistical sampling techniques may be utilized to determine the specific units of service to be reviewed. Subcontractors' performance records may also be examined.

Auditors may review the following:

- Client charts and/or files
- Activity logs
- Documentation in support of program progress reports
- Sign-in sheets

Note: Medical case records of the individuals will not be reviewed unless they are the only source of certification data. All client records examined by the ADHS audit staff will be treated with complete confidentiality.

Continued on Next Page

Chapter Fifteen

Audits and Management Evaluations

Section A

Procedures (Continued)

Audit Follow-Up	<p>The Nutrition Programs Manager or their designee is responsible for reviewing the audit recommendations to determine what specific action(s) should be taken and will set deadlines for implementation of corrective measures.</p> <p>The WIC Business Manager is responsible for forwarding a copy of the report and recommendations to both the Local Agency and the USDA/FNS/WRO. The State Agency will provide instructions or guidance, including implementation time frames for the corrective action plan.</p> <p>The Local Agency will reply to the Nutrition Programs Manager in writing as to what corrective action will be taken to satisfy each audit recommendation.</p> <p>The Nutrition Programs Manager and WIC Business Manager will evaluate the corrective actions taken by the Local Agency and will then reply to the ADHS Office of Auditing. The reply should include the findings, the recommendations, the Local Agency's responses and the Nutrition Programs Manager's response.</p> <p>Upon receipt and acceptance of the audit response from the Nutrition Programs Manager, the audit staff will inform the Local Agency WIC program of the closure of the audit file.</p> <p>The follow-up will be accomplished within 60 calendar days of the date of the audit report unless an extension date is justified and documented.</p>
Monitoring	<p>State Agency WIC staff will monitor the implemented audit recommendations during their follow-up visits to the Local Agency.</p>
Non-compliance	<p>If the Local Agency is unable to, or does not agree to comply with the audit recommendations, the Nutrition Programs Manager and the ADHS auditor will meet with the Local Agency. This meeting should be held within 20 calendar days of receipt of the Local Agency's reply. The meeting participants should attempt to resolve any problems relating to the audit recommendations.</p>

Chapter Fifteen

Audits and Management Evaluations

Section B

Audit Records and Other Policies

Audit Records

State and Local Agencies will maintain records, easily retrieved for review during an audit, according to policies set forth in Chapter 14.

The Secretary of Agriculture, the Comptroller General of the United States, or any of their duly authorized representatives, will have access to any books, documents, papers and records of the State and Local Agencies and their contractors for the purpose of making surveys, audits, examinations, excerpts, and transcripts during normal business hours.

Cost Allocation Guidelines

The Local Agency will assure that cost be deemed reasonable based upon the following criteria:

- Reasonable and necessary to carry out the program
- Treated consistently
- Consistent and allowable under federal, state and local laws, regulations and policies
- Be determined in accordance with generally accepted accounting principles and adequately documented
- Net of applicable credits
- Charged in the correct accounting period
- Not be charged to more than one federal grant or used to meet a matching or cost sharing requirement for more than one federal grant, either in the current or prior accounting period
- A cost is allocable to a federal grant only to the extent that it benefits the grant's objective
- Costs must be allocated equitably in terms of benefits derived

Costs necessary to the WIC program include providing WIC Program participants with supplemental food, nutrition education, breastfeeding promotion, support activities, and referral to related health services.

Continued on Next Page

Chapter Fifteen

Audits and Management Evaluations

Section B

Audit Records and Other Policies (Continued)

Continuous Time Reporting

Continuous time reporting is the required documentation system because employees engaged in multiple programs or cost objectives must continuously generate documentation supporting the distribution of their time and effort. (OMB Circular A-87, Attachment B, paragraph 11.h.1-2, and A-122 Attachment B, Paragraph 7.m 1). The only exceptions are:

- Governmental agencies, single cost objectives, semi-annual certification indicating performance of work for one cost objective (OMB circular A-87, Attachment B, paragraph 11.h.3)
- In Local Agencies that are hospitals (AZ WIC currently has none), staff are required to complete monthly estimates of their work time. The estimate must be completed within one month of the actual activity completion date. The staff includes physicians, nurses, nutritionists, and other persons performing WIC responsibilities

Time Studies

The WIC Annual Cost Summary Report distributes WIC NSA cost to four categories including Nutrition Education, Breastfeeding Promotion/Support, Client Services, and General Administration. WRO memorandum 807-Y, May 23, 2003, requires that time studies used to distribute cost to the four categories need to be conducted one week per month or one month per quarter. Annual one-month studies are not considered representative for the entire year. The Arizona WIC Program received approval for another option, two weeks (one pay period) every other month.

For staff that works for one or more than one program in addition to WIC time studies, daily time records are required to separate WIC and non-WIC costs, unless the appropriate federal agency has approved an alternative methodology.

Chapter Fifteen

Audits and Management Evaluations

Section C

Management Evaluations

Policy

The State Agency shall conduct monitoring evaluations of each Local Agency at least once every two (2) years. Such evaluations shall include on-site reviews of a minimum of 20 percent of clinics in each Local Agency, or one (1) clinic, whichever is greater. The State Agency may conduct such additional on-site reviews as the State Agency determines to be necessary in the interest of the efficiency and effectiveness of the program.

The State Agency shall develop a reporting process, which includes:

- Prompt notification of deficiencies to the Local Agency
- Timely development of corrective action plans
- The monitoring of Local Agency implementation of such plans

The State Agency shall require Local Agencies to establish management evaluation systems, quality assurance plans and/or continuous quality improvement plans to review their operations.

Chapter Fifteen

Audits and Management Evaluations

Section D

Management Evaluations – Procedures

Procedure	The State Agency will conduct management evaluations (ME) throughout the fiscal year.
Time Frame	<ul style="list-style-type: none">• Local Agencies will be notified 60 days prior to site visit. Local Agency pre-survey will be returned to State Agency 30 days prior to site visit.• The State Agency will have a draft report of the management evaluation written 30 days after the visit.• The final report will be sent to the Local Agency 45 days after the visit.• The Local Agency will submit their Corrective Action Plan 30 days after they receive the final Management Evaluation report.• A follow up by the State Agency will be done 45 days after the Local Agency submits the Corrective Action Plan. The designated Nutrition Team member assigned to that particular Local Agency will follow up the Corrective Action Plan.
Prior Notification	The State Agency will advise the Local Agency Health Officer and the WIC Director in writing of the dates for the monitoring visit within 60 days of the visit. At this time, the clinics to be monitored will be determined. Mail and e-mail the Pre-monitoring survey (Appendix B) to the Local Agency Health Officer and copy to the Local Agency WIC Director. The Pre-monitoring survey will be mailed back to the State Agency 30 days prior to the evaluation. Prior to the visit the State Agency will complete chart reviews (Appendix B) of the agency and run reports on each Local Agency clinic.

Continued on Next Page

Chapter Fifteen

Audits and Management Evaluations

Section D

Management Evaluations – Procedures (Continued)

During ME	Conduct an open interview with the Local Agency Health Officer and the Local Agency WIC Director to discuss the preliminary findings on the reports and chart reviews. The State Agency will use the forms located in appendix B during the monitoring visit. Participant certifications and nutrition education classes will be monitored.
Exit Interviews	Conduct an exit meeting with the Local Agency Health Officer and the Local Agency WIC Director at the end of the review. The lead person will explain the preliminary results, discuss questions and feedback, give an approximate date for the written report to be sent, and explain the Local Agencies' requirements for follow up.
Written Findings Report	<p>Compile a written report within 45 calendar days of the date of the exit interview. The report will be mailed to the Local Agency Health Officer with copies to the WIC Director. The report will contain the date when the Corrective Action Plan is due to the State Agency. The WIC Director will be provided with a list of reports ran by the state during the monitoring visit.</p> <p>Note: The time frame may be extended if arrangements are made prior to the evaluation and approved by the Local Agency WIC Director.</p>
Corrective Action Plan Follow-up	Receive, log, evaluate, and respond to the Corrective Action Plan at the State Agency. Send written notification of the closure, after adequacy of the Corrective Action Plan has been determined, to the Local Agency Health Officer and copied to the Local Agency WIC Director.

Chapter Fifteen

Audits and Management Evaluations

Appendix A: Financial Audit Forms

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES
WOMEN INFANTS AND CHILDREN (WIC) AUDIT PROGRAM**

Beginning Date _____
Ending Date _____ Auditor _____

Agency Name, address, and P O # _____

OBJECTIVE: To determine propriety and eligibility of expenditures pursuant to OMB Cir. #87 & 122, ADHS Accounting and Auditing Procedure Manual (http://www.azdhs.gov/bhs/account_audit.htm), the WIC contract in effect, WIC Policy and Procedure Manual, USDA Consolidated WIC Regulations, and Arizona Revised Statute references (11-952, 35-181.01-.03, 35-115, 35-211, 35.214, and 35-215) for the agency and period identified above.

SCOPE: We rely on the Office of Chronic Disease Prevention and Nutrition Services audit of performance records to determine that the necessary Nutritional Activities are completed in concert with paragraph 246.11 of the WIC consolidated regulations. The performance review includes sampling of client charts or files, activity logs, program progress report documentation, and sign in sheets.

This financial audit will determine if the (1) financial information is presented in accordance with established or stated criteria, (2) the agency has adhered to specific financial compliance requirements, and (3) the agency's internal control structure over financial reporting and/or safeguarding assets is suitably designed to achieve the control objectives.

W/P
Ref. By Date

PLANNING

A. Prepare audit working papers file for the agency in concert with the overall audit plan and management input.

- | | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. The agency is notified in writing 2 to 4 weeks in advance of the audit date, carbon copy WIC management, and make telephone verification of the audit date approximately 1 week in advance of the audit. |
| _____ | _____ | _____ | 2. At the beginning of the audit fieldwork, hold an entrance conference with the designated representatives, identifying key staff, review the audit questionnaire and pertinent single audit findings, outline the audit scope, review agency organization and ADHS payment patterns, and set up a tentative schedule. |

B. The following documentation is necessary for the use in detail test work:

- | | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. Copies of the quarterly Contractor's Expenditure Report (CER) for the agency covering the period of the review. |
| _____ | _____ | _____ | 2. Copies of the Purchase Order and Contracts covering the period of the audit. |
| _____ | _____ | _____ | 3. Copies of other financial correspondence including technical explanations, requests for reports, or management guidelines. |

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES
WOMEN, INFANTS, AND CHILDREN (WIC) AUDIT PROGRAM (CONTINUED)**

**W/P
Ref. By Date**

- | | | | |
|-------|-------|-------|--|
| _____ | _____ | _____ | 4. Arizona Financial Information System(AFIS) or USAS reports as necessary including vendor payment data, journal entries making adjustments, or Data Query financial extractions. |
| _____ | _____ | _____ | 5. Copies of budget documentation for the audit period for the Agency. |
| _____ | _____ | _____ | 6. The most recent Management Evaluation Findings Report for the agency being reviewed. |

C. The following transaction summaries need to be completed.

- | | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. Prepare a spreadsheet (summary) of the Contractor's Expenditure Report and the approved budget by budget categories. |
| _____ | _____ | _____ | 2. Prepare a summary of payments to the Agency for the entire period covered by the audits from Discover. |

D. The following reconciliation's, detail testing, observations need to be completed.

- | | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. Review the detailed internal control questionnaire with Agency staff. Determine If the Agency identifies WIC Nutrition Services and administrative cost expenditures and revenue in a unique account, department, or other financial structure. |
| _____ | _____ | _____ | 2. Verify the expenditure summary, fund balances, payments to the agencies financial reports. Review the recording of WIC funding at the beginning of the period. |
| _____ | _____ | _____ | 3. Verify that reasonable salaries and wages are supported by the Agency time reporting practice, including payroll documents in accordance with the generally accepted practice of the unit and approved by the responsible official of the4 unit. Verify that personal activity reports, time reports, or equivalent documentation meets the following standards: <ul style="list-style-type: none"> • The document reflects after-the-fact distribution of actual activity • The document must account for all employee activity • The document must be prepared at least monthly and coincide with one or more pay period • The document must be signed by the employee |
| _____ | _____ | _____ | 4. Verify that reasonable fringe benefit expenditures are allocated to WIC in a manner consistent with the pattern of benefits attributable to the individuals or group(s) of employees whose salaries or wages are chargeable to WIC and other activities. |

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES
WOMEN, INFANTS, AND CHILDREN (WIC) AUDIT PROGRAM (CONTINUED)**

W/P
Ref. By Date

- | | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | 5. Verify that Contracts, Non-Capital equipment supplies, and materials expenditures are supported by an invoice denoting the date, vendor name, service or material provided, rate paid, receiving record and receiving signature if applicable, and total charges when charged to WIC Nutrition Services and administrative costs. |
| _____ | _____ | _____ | 6. Verify that travel claims include detailed mileage, subsistence including purpose, dates, time of departure and arrival, travel site, trip mileage etc. The travel claim must be certified by the employee and approved by the employee's supervisor. |
| _____ | _____ | _____ | 7. Verify that the building space cost is reasonable in light of rental costs for comparable property, market conditions in the area, alternatives available, and allocations to WIC are on a reasonable basis. |
| _____ | _____ | _____ | 8. Verify the indirect cost ratio calculation including activities included in the indirect pool, the reasonability of the rate, and the makeup of the other direct projects. |
| _____ | _____ | _____ | 9. Determine if the expenditures reflected on the CER support nutrition education and breastfeeding promotion, program certification, outreach services, food delivery system, translators for materials and interpreters, the cost of fair hearings, rural participant transportation, contract performance monitoring, screening for drugs and other harmful substance abuse (exclude lab tests), and breastfeeding aids which directly support the initiation and continuation of breastfeeding. |
| _____ | _____ | _____ | 10. Determine if the required Nutrition Education is being provided, with the necessary time reporting, cost accounting, and appropriate internal controls in place. |
| _____ | _____ | _____ | 11. Review food instrument security procedures for manual drafts, automated drafts, and voided food instruments to insure established WIC regulations are followed. |

NOTE - PRELIMINARY FINDINGS/CONCERNS WILL BE DISCUSSED WITH APPROPRIATE PERSONNEL ON SITE AT THE AGENCY.

E. Review and Reporting

- | | | | |
|-------|-------|-------|--|
| _____ | _____ | _____ | 1. Summarize findings and draft report. |
| _____ | _____ | _____ | 2. Forward work papers to the Business and Financial Manager for review. |
| _____ | _____ | _____ | 3. Clear review comments. |
| _____ | _____ | _____ | 4. Forward the preliminary draft to appropriate personnel for response. |
| _____ | _____ | _____ | 5. Prepare and issue the final report. |

Chapter Fifteen

Audits and Management Evaluations

Appendix B: Management Evaluation Forms

Please provide the following information regarding the clinics in your Local Agency. It is understood that each response includes each clinic site in your Local Agency, unless you have noted an exception.

CLINIC OPERATIONS

CLINIC PROCEDURE DOCUMENT	LOCATION IN CLINIC/AGENCY
WIC Federal Regulations	
Arizona State and Local WIC Program P&P	
Arizona WIC Program Laboratory Manual	
Staff Personnel Records and Training Logs	

SERVICE LEVELS

	ELIGIBLE	SERVED	BARRIER FOR NOT SERVING
WOMEN			
INFANTS			
CHILDREN			

Please outline the specific actions you are taking to reduce your no-show rates.

VENDOR RELATIONS

Have you provided input to the State Office regarding Vendor selection and appropriate number of Vendors in the area? ☐ YES ☐ NO

Please outline steps taken when a client reports a problem with a Vendor.

ATTACH LOCAL AGENCY DOCUMENTATION

- ☐ CASELOAD MANAGEMENT POLICY
- ☐ CIVIL RIGHTS COMPLAINTS
(Include a copy of any civil rights complaints received in the last 24 months.)
- ☐ NUTRITION EDUCATION PLAN
- ☐ SEPARATION OF DUTIES POLICY
- ☐ NUTRITION EDUCATION DOCUMENTATION IN AIM
- ☐ CONFIDENTIALITY AGREEMENTS
- ☐ AMERICANS WITH DISABILITIES COMPLIANCE*
- ☐ POLICY FOR CONFLICT OF INTEREST REGARDING EMPLOYEES, VENDORS &/OR
EMPLOYEE FAMILY MEMBERS.
- ☐ POLICY FOR VENDOR COMPLAINTS TO LOCAL AGENCY REGARDING PARTICIPANTS
- ☐ BREASTFEEDING PUMP POLICIES & PROCEDURES



COMMENTS

Please share with us any comments, concerns or ideas you have regarding the current status of your Local Agency clinic operations and client health outcomes. For example:

- ⇒ Facilities for providing client services.
- ⇒ Particular health outcomes in your client population.
- ⇒ Program funding or educational opportunities you would like to pursue.
- ⇒ State and Federal program developments.
- ⇒ Program Integrity measures for prevention & detection of potential fraud & abuse.

*This shall include the resources you have identified to assist you with specific requests such as foreign language translation, American Sign Language, TTY utilization, Braille transcription services, etc....



Helping Arizona Families Grow Strong

Arizona WIC Program Chart Review/Community Profile

Date: _____ Reviewer: _____
Agency: _____ Clinic: _____

	1	2	3	4	5
Participant Name and ID # (list)					
Family Information					
Family ID# (list)					
One family ID # per family					
Phone Number					
Education Level					
Client Registration					
Mothers ID on inf/child record					
Income Determination 246.7(v)(vi)(vii)					
Documentation of Income					
Cert Action					
Cert Start –End (extended?) 246.7(g)(3)					
Previous Cert (extended?)					
Category- correct category					
Medical 246.7(e)					
Date (within 60 days of cert)					
Height- correct coding					
Weight- correct coding					
HGB- correct coding					
HGB – correct intervals for age and category					
Notes, if applicable					

√ = Complete, done correctly --- = Not done N/A = Not applicable X = Incorrectly done



Health	1	2	3	4	5
Assigned Risks (List) 246.7(e)					
Health History-Complete					
Immunizations					
Infant Condition					
Risk 401 – Diet Assessment					
High Risk referred to nutritionist (101, 134, 142, 201, 302, 341)					
High Risk participant seen by nutritionist					
Care Plan 246.11(e)(5)					
Goals Tailored (unchecked)					
Mandatory Referrals 246.7(b)					
Follow-up/Nutrition Ed.					
Appropriate Nutrition Ed.					
History Field					
# of Nutrition Education Contacts dates per Certification 2 Ed contacts per cert period documented (chart review) 246.11(e)(2) (check number of topics)					
Goals related to documented Nut Ed for each cert period					
Food Package					
Tailoring of Package- profile and check					
Formula Approval					
Appropriate package					
Appropriate timing					



Notes:	
Participant Name and ID #	Explanation of Findings

<p>Profile – Crystal Reports</p> <ul style="list-style-type: none"> ✓ Ht/Wt ✓ Hgb ✓ Nutrition Education Topics ✓ Mother linked with infant ✓ Risk over-rides ✓ Income (zero or blank) ✓ Special Formula issuance ✓ High Risk (101, 131, 132, 134, 135, 141, 142, 201, 302, 341) seen by nutritionist ✓ Infant Condition 	
<p>Program Integrity – Discoverer Queries</p> <ul style="list-style-type: none"> ✓ PG and Infants <6mo pre-cert dates compared to actual certification date ✓ Multiple Births ✓ Category Distribution ✓ FI's per CNW per day (max, mean) ✓ Work load divided by workers for each clinic 	



Arizona WIC Program Certification Observation Checklist: Technical Skills

Reviewer: _____ Date: _____
Agency: _____ Site: _____

Item	1	2	3	4	5	Policy
CNW						
Participant ID No.						
Category						
Certification or Mid-Cert Health Check						
AIM INTEGRITY						
<u>Identification & Identifiers</u>						
✓ If more than one participant, family processing used.						
✓ If first certification, proof of ID was provided & recorded correctly. If previously certified by AZ WIC, ID folder serves as ID.						Ch 1 Sec A
<u>Residency</u>						Ch 1 Sec B
✓ Proof of residency was provided & recorded correctly.						
<u>Voter Registration</u>						
✓ Recorded appropriately.						
<u>Race/Ethnicity</u>						
✓ Race and ethnicity data collected accurately.						
<u>Income</u>						Ch 2 Sec B
✓ Client was asked to provide proof of participation in AHCCCS, Food Stamps, TANF.						
Proof of income was provided, calculated, and recorded correctly.						Ch 2
<u>Dual Participation</u>						246.7(h)(1)
✓ Checked in AIM						
<u>Medical Information</u>						246.7(e)
✓ Correct assessment date recorded.						
✓ Ht/Wt recorded accurately.						Policy memo FY 2005 policy 2
✓ Medical data <60 days old						Policy
✓ Blood Values recorded accurately.						

✓ = Complete, done correctly --- = Not done N/A = Not applicable X = Incorrectly done



Item	1	2	3	4	5	Policy
Appropriate alternate code used, if applicable: Hgb 99.5= pending (give one month); 99.6= hemophilia or religion prevents draw; 99.7= blood work is not required at this cert; 99.8= draw will create safety hazard						clarification memo 2005
<u>Infant Condition</u> Recorded. (up to age 2)						
Health History Information						
✓ Questions appropriately asked.						
✓ Responses accurately recorded.						
<u>Immunizations</u>						
✓ Assessed and recorded correctly.						
✓ Referrals made (if applicable).						WRO Policy memo 2001-7
<u>Tobacco</u>						
✓ Assessed and recorded correctly.						
✓ Referrals made (if applicable).						
<u>Risks</u>						
✓ All risks were identified & recorded.						Ch 3 Sec A
✓ High Risk clients referred to Nutritionist for all 6 state HR						
<u>Dietary Assessment</u>						
✓ Calculated intake accurately						Ch 3 App C
✓ Info recorded correctly						
<u>Care Plan/Nutr ed</u>						246.11
✓ Completed nutrition education accurately						
<u>Food Package</u>						246.10
✓ Appropriate food package selected.						Ch 5
✓ Appropriate pick-up interval.						Ch 5
✓ Appropriate documentation.						246.10 (c)(iii)
<u>Referrals</u>						
✓ <i>Referrals to nutritionist documented</i>						
ANTHROPOMETRICS						WIC University Training Manual Ch 4 Sec 2
<u>Height & Weight</u>						
✓ Scales are zeroed and balanced before weighing individual						
<u>Infant, child or adult weighed accurately</u>						
✓ Dry diaper						
✓ Light clothing						
✓ Without shoes						

✓ = Complete, done correctly --- = Not done N/A = Not applicable X = Incorrectly done

Item	1	2	3	4	5	Policy
✓ Weighed to nearest ounce (adult nearest ¼ pound)						
<u>Infant or recumbent child measured accurately</u>						
✓ Measured on a standardized measuring board with non-movable headboard and a non-flexible footboard						
✓ Length board used for infants & children under 24 months or unable to stand unassisted						
✓ 2 people measured length						
✓ Both legs are grasped and straightened for measurements						
✓ Length measured to nearest 1/8 inch						
<u>Standing child or adult measured accurately</u>						
✓ Standing ht used for children over 24 months & women						
✓ Measured using a wall-mounted steel or non-stretched tape with a flat headboard						
✓ Heels slightly apart						
✓ Heels, buttocks and shoulder blades touching wall						
✓ Eyes straight ahead with arms at sides						
✓ Without top hair adornment						
✓ Height is measured to nearest 1/8 inch						
<u>Bloodwork</u>						Lab Manual
<u>Lab Procedure</u>						
CNW used own ID for Hemocue.						
<u>Correct site preparation techniques</u>						Lab Manual Ch 2
✓ Cleansed & gloved hands for each test.						
✓ Gloves remained on until cuvette was disposed.						Lab Manual Ch 2
✓ Correct site chosen (middle or ring finger, cannot have ring).						Lab Manual Ch 5
✓ Cleansed & dried site, site held to distend skin.						Lab Manual Ch 5
✓ Correct puncture depth, first 2 - 3 drops wiped, pressure/bandage applied (no bandage under 2 years).						Lab Manual Ch 5

✓ = Complete, done correctly --- = Not done N/A = Not applicable X = Incorrectly done

Item	1	2	3	4	5	Policy
<u>Correct collection techniques</u>						Lab Manual Ch 5
✓ No squeezing/milking to collect blood, other method used.						
✓ Cuvette container with lid on stored at room temp.						Lab Manual Ch 5
<u>Correct cuvette techniques</u>						Lab Manual Ch 5
✓ Pointed downward.						Lab Manual Ch 5
✓ Filled in one step to front edge, excess blood wiped off.						Lab Manual Ch 5
✓ Checked for air bubbles, discard if present.						Lab Manual Ch 5
✓ Disposed of used supplies properly in Biohazard/Sharps containers/trash can.						Lab Manual Ch 2
✓ Disposed of gloves after each test & cleansed hands.						Lab Manual Ch 2
PROGRAM INTEGRITY						
Separation of duties						Ch 7 sec C
Conflict of interest						
Confidentiality observed						
Documentation on file for Physician ordered special formula						Policy Memo 2004 #1 revised
<u>Food Instrument Printing</u>						
✓ Client eligibility for bi/tri-monthly issuance verified before printing food instruments.						
✓ Client signed for food instruments received in clinic.						



Participant Name/ID#	Explanation of Findings



Arizona WIC Program

Certification Observation Checklist: Client Education

Reviewer: _____ Date: _____
 Agency: _____ Site: _____

All items on the checklist do not have to be covered in order.

ITEM	1	2	3	4	5	Policy
CNW						
Participant ID No.						
Category						
Certification or Mid-Cert Health Check						
Staff used appropriate interviewing techniques?						
✓ Introduced self						
✓ Explained purpose of interview						
✓ Asked open-ended questions						
✓ Actively listened						
✓ Involved the client						
✓ Addressed potential problems/ barriers						
Eligibility criteria explained (income, category, nutritional risk).						
Consent Release Explained & Signed prior to anthropometric intake						Ch 9 Sec A 246.7(h)(2)
Voter Registration						WRO Policy Memo 800-D
✓ Offered and recorded appropriately.						
Medical Information						
✓ Lab procedures: Good patient care observed (ID's reassured participant)						
✓ Use weight gain grid or growth charts for education						
Health History Information						
✓ Questions appropriately asked (leading questions).						
Immunizations						
✓ Reviews and discusses immunization status.						
✓ Referrals & education as necessary.						WRO Policy Memo 2001-7

✓ = Complete --- = Not done N/A = Not applicable X = Incorrectly done

Scale: 1= below standard; education not focused on client needs/inaccurate info;

2= standard; 3= above standard; in-depth/accurate info



ITEM	1	2	3	4	5	Policy
<u>Tobacco</u> ✓ Reviews/Discusses and makes appropriate referrals as necessary.						
<u>Notes</u> ✓ Recorded. (if applicable)						
<u>Dietary Assessment</u> (self-administered or CNW interview)						Ch 3 Appendix C
✓ If self-administered, client questions were addressed and client was given sufficient instructions.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
✓ If CNW interview, CNW asked open-ended questions.						
✓ Amounts of food consumed ascertained, if appropriate.						
✓ Results explained to participant.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
<u>Client was asked about vitamin/mineral supplementation & info recorded correctly.</u>						
<u>Care Plan/Nutrition Education</u>						Ch 9 Sec B 246.11
✓ Appropriate nutrition education. Engaged participant and used active listening skills.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
✓ Used food models/props to establish serving sizes.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
✓ Goals tailored.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
✓ Prioritize and structure counseling to cover greatest nutritional needs &/or client's interests.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
✓ Promotes/supports BF for PG/PP women.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	Ch 9 Sec D1
✓ Mandatory referrals and those needed by client were made & recorded.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	Ch 8 Sec F 246.7
✓ Appropriate materials given.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
<u>Appropriate next appt. type.</u>						
<u>R & R/Foods</u>						246.7(h)(2)
✓ Proxy procedure explained.						Ch 9 Sec A 246.2; 246.12(r)(1-4)
✓ Client given opportunity to ask questions.						

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ITEM	1	2	3	4	5	Policy
<u>Nutrients in WIC foods were discussed.</u>						
<u>Food Package</u> ✓ Tailored appropriately for participant.						Ch 5 Sec H 246.10
<u>VOC/ID folder</u> ✓ Rights and Responsibilities signed and explained including discrimination complaint review.						Ch 4 Sec C
✓ WIC ID folder reviewed, explained, signed, and provided to client.						Ch 4 Sec H
<u>Food instrument education discussion included</u> ✓ Authorized food list.						Ch 7
✓ Authorized vendor list.						Ch 7 Sec B2
✓ Separate WIC foods by food instrument from other foods at checkout.						Ch 7 Sec B2
✓ Inform cashier you are using WIC food instruments.						Ch 7 Sec B2
✓ Present food instruments & ID folder to cashier.						Ch 7 Sec B2
✓ Verify amount & date of use recorded on food instrument.						Ch 7 Sec B2
✓ After amount & date used are correctly filled out, sign the food instrument.						Ch 7 Sec B2
✓ Bi-monthly/tri-monthly issuance explained.						Ch 7 Sec B2
✓ Use food instrument after issue date and before void date.						Ch 7 Sec B2
✓ Participant complaint card- explain and provide. (1 for each month of checks)						Ch 7 Sec B2 Policy Memo 2003#1
<u>No exchanges for cash, non-authorized food items or credit.</u>						
<u>Food Instrument</u> • FI's for 2 nd and 3 rd months placed in new, dated envelopes						Ch 7 Sec B1
<u>Team Customer Service</u> ✓ Provides clear instructions and explanations without WIC lingo.						
✓ Uses polite and customer-friendly manner.						
✓ Performs in a knowledgeable manner.						
✓ Treat participant with respect.						

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ITEM	1	2	3	4	5	Policy
✓ Deal effectively with upset/emotional participant.						
✓ Sensitive to participant's language needs.						
✓ Collect data with non-biased techniques						
PROGRAM INTEGRITY						
Ensures confidentiality of information						
Staff logging out of AIM when away from terminal						
CULTURAL COMPETENCE						246.11(e)(6)
Staff consider client's nutritional needs/interests, household situation and cultural & religious values/preferences, literacy level and language spoken	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	

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Participant Name/ID#	Explanation of Findings

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Arizona WIC Program

Group Nutrition Education Observation Checklist

Reviewer: _____ Date: _____
 Agency: _____ Site: _____

	1	2	3	4	5
Topic was appropriate for audience.					
Information was accurate.					
The instructor gave useful and easy-to-understand information (verbal & written) to participants.					
The instructor actively involved the participants.					
Education session was appropriate to learner's ability or willingness to make changes.					
Visual aids/handouts were used appropriately.					
Appropriate referrals were made.					
Plan for next appointment was addressed.					
Length of session (no score)	# mins	# mins	# mins	# mins	# mins

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Arizona WIC Program Site Review

REVIEWER: _____ DATE: _____

LA NAME: _____ SITE NAME: _____

ITEM		COMMENTS	Policy
ADMINISTRATION			
WIC Program Manual (is it up to date with policy memos?)			
Policies/Procedures /LA NE Plan			246.11(d)(2)
Adequate Staffing Pattern –Nutritionist visits all locations?			
There are CBCs or CLEs on staff at a minimum, IBCLC on staff ideally? Name and qualifications of the person designated as breastfeeding coordinator			246.11(c)(7)(ii)
Logs:			
→Training Log			Ch 9 Sec F 246.2; 246.11(c)(7)(iii)
→Formula Sample Inventory Log			Ch 5 App D
→Prescriptions for special formulas/diets on file			Ch 9 Sec A
→Breast pump inventory and distribution list			Ch 9 Sec E1
→Perpetual check inventory			
National Voter Registration Act- Check forms/posters			WRO Policy memo 800-D
Nutrition Risk protocol present			246.11(d)(2)
If there is a waiting list: <ul style="list-style-type: none"> • Minimum required info: date of application, name, address, phone, category, EDC, DOB • # people currently on waiting list • oldest entry on waiting list 			246.7(f)(1)
Written breastfeeding policies/procedures are available			
Does LA share WIC data with any other agency/organization other than the State Agency?			
CIVIL RIGHTS			
Civil Rights Poster ("And Justice for All")			246.8
LA developed Outreach Materials (non-discrimination statement with same size font if stating benefits of WIC)			Ch 8 Sec A 246.8(a)
Appropriate (multi-lingual) materials			
Building Accessibility (ADA compliance)			246.8
LA Discrimination Log or File of Complaints received			246.8(b)
PROGRAM INTEGRITY			
Separation of Duties			Ch 4 Sec D
→LA has P&P for exceptions			

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ITEM		COMMENTS	Policy
Conflict of Interest →LA has P&P for conflict of interest			Policy Memo 2005 #
Food Instrument (FI) Security			
→Staff runs test print daily			
→Mailing of FI's: Are FI's mailed? What are the policies (review protocol)? Are mailed FI's documented?			Ch 7 Set D
→FI voids: Where are they kept? Are they stamped "void" immediately? Shredded?			Ch 7 Sec C4
→Void Report: Reconciled and verified by supervisor weekly			Ch 7 Sec C4
→Separation of Duties: Are local procedures appropriate? Who inventories, prints, issues, and reconciles voids?			Ch 7 Sec C5
→FI Stock Inventory System: logged upon receipt, maintained, balanced, and verified by a supervisor with separation of duties?			Ch 7 Sec C1
FI paper removed from printers at end of day and locked			
→Inventory report reconciled and verified by a supervisor (initials)?			Ch 7 Sec C1
→FI secured during breaks and lunch periods			Ch 7 Sec C1
Clinic Security			
→Staff Logs-in and/or passwords are not displayed on desk			
→There is secure storage of FI stock (paper), MICR cartridges, program stamps, and ID folders			
→Computers (including laptops) and printers are in a secure location within the clinic? The WIC office door(s) has an internal lock on door/file cabinets			
→Key Storage: Who has keys, and how is control of keys maintained – issuance/copying/location/access?			
CUSTOMER SERVICE			
Sample formula storage out of site			246.11(c)(7)(i)
No formula posters, handouts or promotional items on display or in sight of clients			
No formula or samples, posters, handouts on display or in sight of clients			Ch 9 D1
Clinic appointments outside normal business hours			
Contacts made for missed appointments/How? (prenatal)			246.7(b)(5)
Review policy & procedures to ensure applicants are given cert appts. Within specified time frames, or placed on a waiting list (prenatal, migrant, homeless, <6mo = 10 days; all others 20 days)			246.7(f)(2) Ch 4 Sec F
No smoking sign posted			246.6(b)(4)
Emergency Phone #'s and Emergency Exits posted in visible/accessible area			

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ITEM		COMMENTS	Policy
Appropriate TV or video programs in lobby			Ch 9 Sec A
Breastfeeding friendly environment, such as breastfeeding promotional materials visible, videos, lactation room			Ch 9 Sec D1
Referral Service Program brochures available on site for participants			Ch 9 Sec A
Waiting time for client is reasonable			
Time to completely process client is reasonable			
Work area of CNW allows for confidentiality			
Activities for kids (coloring books, toys, book)			
LAB ENVIRONMENT			
Recumbent length board with attached foot piece used for measuring infants.			
Calibrated & wall mounted standing ht board used for women & children.			
Scales calibrated annually			
Scales on hard/stable surface			
Clean lab surfaces daily with correct sanitizing solution			Lab Man Ch 2
Sanitizing solution disposed of properly after 7 days			Lab Man Ch 2
Cuvette container labeled with opened/expiration date (<90 days)			Lab Man Ch 3
MSDS data posted in clinic & employees know where it is			Lab Man Ch 2
Calibration of Hemocue machine done daily			Lab Man Ch 4
Check log of Hgb Quality Assurance Record & Client log			Lab Man Ch 6
Serial # on calibration cuvette matched that on machine			Lab Man Ch 4
OUTREACH, INTERGRATION & REFERRALS			
Review Outreach Log: Are there current contacts (within 1 year of review) if below caseload?			Ch 8 Sec C
Review referral List of resources in county area? Ensure there are drug and alcohol treatment services on list and up to date.			Ch 8 Sec F
Review media contact policy if applicable?			Ch 8 Sec C
Designated staff member responsible for outreach?			
What effort does local staff have in place to target eligible women in their first trimester?			246.7(b)(5)
Outreach efforts to target the homeless/migrants?			Ch 8 Sec A
Efforts coordinated with other centers to eliminate barriers?			
Integration with community health services			246.7(a)
CULTURAL COMPETENCE			
LA clinic environment considers culture needs of participants in forms of posters/handouts			246.11(b)(2)
Review Translator Policy			246.8(c)

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Comments